## DAC/\$ is form, together with app ble fees, to: **Box ISSUE FEE Assistant Commissioner for Patents** Washington, D.C. 20231 INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 in Supplemental where appropriate. All further correspondence including the Issue Fee Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current for any other accompanying papers. Each additional paper, such as an correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) assignment or formal drawing, must have its own certificate of mailing. specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. **Certificate of Mailing** CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class 25M1/0606 mail in an envelope addressed to the Box Issue Fee address above on ALTON W PAYNE the date indicated below. SROUFE PAYNE & LUNDEEN 1700 WEST LOOP SOUTH SULTE 1230 (Depositor's name) HOUSTON TX 77027 (Signature) (Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** NEYZARI. 2516 116/116/97 08/20/96 014 08/702,293 First Named JAMAIL. RANDALL H. Applicant TITLE OF METHOD OF MASKING DATA ON DIGITAL VIDEO DISKS (DVD) INVENTION ATTY'S DOCKET NO. **CLASS-SUBCLASS** BATCH NO. SMALL ENTITY APPLN. TYPE FEE DUE **DATE DUE** <del>09/03/97</del> YES \$645.UU 369-032.000 N78 UTILITY JUSUS 2 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list Use of PTO form(s) and Customer Number are recommended, but not required. (1) the names of up to 3 registered patent 1 Alton W. Payne attorneys or agents OR, alternatively, (2) ☐ Change of correspondence address (or Change of Correspondence Address form the name of a single firm (having as a member a registered attorney or agent) PTO/SB/122) attached. and the names of up to 2 registered patent ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached. attorneys or agents. If no name is listed, no name will be printed. 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) 4a. The following fees are enclosed (make check payable to Commissioner PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. of Patents and Trademarks): Inclusion of assignee data is only appropiate when an assignment has been previously submitted to x Issue Fee the PTO or is being submitted under separate cover. Completion of this form is NOT a substitue for Advance Order - # of Copies 10 filing an assignment. (A) NAME OF ASSIGNEE 4b. The following fees or deficiency in these fees should be charged to: (B) RESIDENCE: (CITY & STATE OR COUNTRY) DEPOSIT ACCOUNT NUMBER 19-3884/AWP/JUS (ENCLOSE AN EXTRA COPY OF THIS FORM) Please check the appropriate assignee category indicated below (will not be printed on the patent) Issue Fee individual corporation or other private group entity government Advance Order - # of Copies \_\_\_\_10 The COMMISSIONER OF PATENTS AND TRADEMARKS IS requested to apply the Issue Fee to the application identified above. (Authorized Signature) NOTE; The Issue Fee will not 6 accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the Patent and Trademark Office Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231 Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

PART B-ISSUE FEE TRANSMITTAL